

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
16	1					
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	19					
TOTAL CLAIMS	96					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

7  
19  
96

100

100